



## Report of Dental Examination

Name: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

This individual's teeth were examined by me with the following results:

**PRESENT ORAL CONDITION AND RESULTS OF EXAMINATION:**

**FACTORS LIMITING TREATMENT:**

**COMMENTS/RECOMMENDATIONS:**

Date of next appointment: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dentist